

Columbus Housing Improvement Program Guidelines

What is the Purpose:

These forgivable loans will support limited rehabilitation of owner-occupied homes. Loans may be used for:

- Roof replacement
- Heating and/or cooling systems replacement
- Upgrades of electrical systems when needed to support the new heating/cooling systems
- Water Heater replacement

How much can be borrowed:

Determined by need - up to \$10,000

What are the Loan Terms:

Up to \$10,000 of assistance may be forgiven over a three year period as long as the borrower continues to own and occupy the home. The city will secure a mortgage for the amount of assistance through-out the three year period.

What is the Interest Rate:

0%



Eligible Homes:

- Single family owner-occupied homes
- Must be insured
- Located within the city limits of Columbus
- Not located within a 100 year floodplain
- Property taxes must be current
- Property must not be in violation of city ordinances
- Homes must be permanent units with foundations - most mobile homes are not eligible
- Homes being purchased on contract are not eligible
- Must be at or below the following income guidelines provided by HUD:

Persons In Family	Max. Annual Household Income*
1	36,000
2	41,150
3	46,300
4	51,450
5	55,550
6	59,700
7	63,800
8	67,900

* March, 2009 limits - 80% of the median income for Bartholomew County based on HUD's guidelines.

For applications and information contact:

**Department of
Community Development**
123 Washington Street
Columbus, IN 47201

Phone: 376-2520

Email:

communitydevelopment@columbus.in.gov

Visit Our Website:

www.columbus.in.gov



City of Columbus

Fred L. Armstrong, Mayor
*Judy Johns Jackson, Director -
Community Development*





ColumbusIndiana
Unexpected. Unforgettable.

City of Columbus
Columbus Housing Improvement Program
(CHIP)
Application

PLEASE NOTE: Funds for the City of Columbus Housing Rehabilitation Program has been furnished by the U.S. Department of Housing and Urban Development through the Indiana Office of Rural Affairs and the Indiana Housing & Community Development Authority. These agencies require that the City of Columbus obtain information from all applicants as to age, gender, race (ethnicity) and disabilities (if any) to be used for statistical reporting purposes only. All personal financial information provided will be kept confidential by the City of Columbus and only agents or representatives of the city, applicable state agencies and the U.S. Department Housing and Urban Development will have access to this information.

1. APPLICANT'S NAME: _____
First Middle Last
Date of Birth _____ Social Security Number: _____ - _____ - _____

2. SPOUSE NAME: _____
(or co-applicant) First Middle Last
Date of Birth _____ Social Security Number: _____ - _____ - _____

3. ARE YOU, YOUR SPOUSE OR A DEPENDENT DISABLED? ☐ Yes ☐ No
If yes, please describe the nature of the disability: _____

4. ETHNICITY AND GENDER INFORMATION (required by HUD for statistical reporting purposes):

Is the Applicant:

- ☐ White ☐ Black /African American ☐ Hispanic ☐ Asian
☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native ☐ Asian & White
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black/African American
☐ Other Multi-Racial

Is the Applicant: ☐ Male ☐ Female Female Head-of-Household? ☐ Yes ☐ No

5. ADDRESS: _____
Street Zip Code

6. TELEPHONE: Home: _____ Work: _____

7. AGE OF HOME: _____

9. DO YOU OWN OR ARE YOU BUYING YOUR HOME ? ☐ Yes ☐ No

10. IS RESIDENCE LOCATED IN FLOODPLAIN? ☐ Yes ☐ No ☐ Don't Know

11. HOUSEHOLD COMPOSITION (List each person living in the home)

<u>NAME</u>	<u>AGE</u>	<u>SEX</u>	<u>SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. EMPLOYMENT DATA: (If less than 2 years, include name of previous employer)

APPLICANT:

Employer Name: _____ How Long: _____

Address: _____

Occupation: _____

Present **Gross** Monthly Salary/Wages (before deductions and taxes): \$ _____

Previous Employer: _____ How Long: _____

Occupation: _____

Gross Monthly Salary/Wages (before deductions and taxes): \$ _____

SPOUSE or HOUSEHOLD MEMBER:

Employer Name: _____ How Long: _____

Address: _____

Occupation: _____

Present **Gross** Monthly Salary/Wages (before deductions and taxes): \$ _____

Previous Employer: _____ How Long: _____

Occupation: _____

Gross Monthly Salary/Wages (before deductions and taxes): \$ _____

13. OTHER INCOME AND SOURCE(S) - MONTHLY:

Income from rental property you own Amount: _____

Income from savings, bonds & other securities: Amount: _____

Social Security, Welfare Amount: _____

Retirement or Veteran Amount: _____

Child Support/Food Stamps Amount: _____

Other: Amount: _____

TOTAL OTHER MONTHLY INCOME Amount: _____

14. RECORD OF PREVIOUS PROPERTY FORECLOSURES: ☐ Yes ☐ No

If yes, year of foreclosure: _____ Property address _____
Name and address of lender _____

15. HAVE YOU EVER FILED FOR BANKRUPTCY? ☐ Yes ☐ No

If yes, in what year: _____ Reason for bankruptcy: _____

16. ARE THERE ANY JUDGEMENTS OR LIENS ON YOUR PROPERTY? ☐ Yes ☐ No

If yes, in what year: _____ Reason: _____

17. NAME OF BANK AND PHONE #: _____

18. <u>HOUSING EXPENSES (MONTHLY)</u>	<u>THIS RESIDENCE</u>	<u>OTHER</u>
Mortgage Payment	\$ _____	\$ _____
Second Mortgage Payment	_____	_____
Hazard Insurance	_____	_____
Flood Insurance (if paid separately)	_____	_____
Property Taxes (attach Tax Receipt)	_____	_____
TOTAL	\$ _____	\$ _____

19. NON-HOUSING FIXED EXPENSES (MONTHLY):

Automobile (1): Year, Make & Model (_____) \$ _____

Automobile (2): Year, Make & Model (_____) _____

Credit Cards: Number of Cards (____), Total Monthly Payment _____

Personal Loan(s): Number of Loans (____), Total Monthly Payment _____

Child Support _____

TOTAL: \$ _____

20. OTHER EXPENSES

Average Utilities _____

Average Repairs _____

Retirement Plan _____

Life Insurance _____

Medical Expenses _____

Other (explain): _____

21. Please check which of the following is needed and the age of that item. If a furnace is needed please specify what type you currently have examples of this would be gas or electric.

☐Furnace_____

☐Cooling System_____

☐Roof_____

☐Water Heater_____

I (we) hereby certify that I (we) do own and occupy this residence and that the information provided in this application by me (us) is true and correct to the best of my (our) knowledge and I (we) authorize the City of Columbus and/or its agents to verify this information.

Signature: _____

Date: _____

Signature: _____

Date: _____



***Questions about this program or application? Call City of Columbus
Department of Community Development at 376-2520***



***City of Columbus
Fred L. Armstrong - Mayor***

AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a mortgage loan/grant from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant

Date

Co-Applicant

Date



VERIFICATION OF ASSETS ON DEPOSIT

(to be signed and completed by bank and signed by applicant)

<p>_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Checking Account Number	Average monthly balance for last 6 months	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	Savings Accounts	Current Balance	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
IRA, Keogh, Retirement Accounts				
	Account Number	Amount	Withdrawal Penalty	Current Interest Rate
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	Money Market Funds	Amount (Average 6-month balance)	Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (signature of applicant)</p> <p>_____ (date)</p>		<p>_____ (signature of authorized representative)</p> <p>Title:</p> <p>Date:</p> <p>Phone Number:</p>		
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>				

VERIFICATION OF EMPLOYMENT

CLIENT # _____

The applicant identified below has applied for housing assistance that is provided through the City of Columbus. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation

Columbus Housing Improvement Program,
Department of Community Development, 123 Washington St.,
Columbus, IN 47201
Phone: 376-2520

PART I. APPLICANT INFORMATION (To be completed by applicant)

Name of Applicant _____ SS#: _____

Address of Applicant _____

Signature of applicant _____

PART II. EMPLOYER INFORMATION (To be completed by applicant)

Name of Employer _____

Address of Employer _____

PART III. EMPLOYMENT INFORMATION (To be completed by employer)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, year, etc.)
4. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, year, etc.)
5. Do you anticipate any change in the employee rate of pay in the near future?
Yes ___ No ___ If yes: Revised Rate _____ Effective Date _____
6. Number of hours/weeks employee normally works _____
7. Do you anticipate any change in the number of hours the employee works: Yes ___ No ___
If yes, explain in #14 below.
8. Anticipated average amount of overtime/week _____
9. Gross annual earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) \$ _____
10. Does this employee receive vacation with pay? Yes ___ No ___
11. Does this employee receive sick leave pay? Yes ___ No ___
12. If the employee's work is seasonal or sporadic, indicate lay-off periods. _____

13. Does this employee receive an earned income tax credit? Yes ___ No ___
14. Additional Comments: _____

Completed By: Name _____

Title _____ Telephone No. _____

Signature _____ Date: _____



REQUEST FOR VERIFICATION OF MORTGAGE ACCOUNT

PART I - TO BE COMPLETED BY APPLICANT

NAME AND ADDRESS OF MORTGAGE COMPANY OF BANK:

INFORMATION TO BE VERIFIED:

PROPERTY ADDRESS:

ACCOUNT IN THE NAME OF:

ACCOUNT NO.:

☐ MORTGAGE

☐ SECOND MORTGAGE

☐ CONTRACT SALE

NAME AND ADDRESS OF APPLICANT(S):

SIGNATURE OF APPLICANT(S):

X

X

PART II - TO BE COMPLETED BY MORTGAGE COMPANY OR BANK

We have received an application for a loan from the above, to whom we understand you have extended a loan.
Please provide us with the following information:

Date mortgage originated: _____

Monthly payment: _____

Original mortgage amount: _____

Principle and interest:: _____

Current mortgage balance: _____

Taxes: _____

Insurance: _____

Total payment: _____

Is mortgage current? ☐ YES ☐ NO

Satisfactory account? ☐ YES ☐ NO

SIGNATURE OF DEPOSITORY

TITLE

DATE

AFTER FORM IS COMPLETED, PLEASE RETURN TO:

City of Columbus
Community Development "CHIP"
123 Washington St.
Columbus, IN 47201

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.